

State of Washingtonocr Application for a Water Right Please follow the attached instructions to avoid undecessary delays

For Ecology Use				
Fee Paid	10.00			
OK# 3. Date				

Name John W. Dow Mailing Address 256 6-18EN 18CNES RD- City Rivenzi DE State W4. Zip+498849 Section 2. CONTACT - PERSON TO CALL	Home Tel:(509)824 - 3707	
Mailing Address 256 6-NEEN JERES RD. City Riverside State W4. Zip+498849		
•	Work Tel:(509) 826- 2243	-
Section 2. CONTACT - PERSON TO CALL	+ <u>9636</u> FAX:()	
☐ Same as above	ABOUT THE APPLICATION	
Name John W. Dow	Home Tel:(509)826 - 3707	
Mailing Address 256 GARGIV ACRES RD.	Work Tel: (509) 826 - 2243	
City Rivensipe StateW4. Zip+498849	+ <u>9636</u> FAX:()	
Relationship to applicant SAME OR 3	E18	
Section 3. STATEMENT OF INTENT		
The applicant requests a permit to use not more than cubic feet per second) from a surface water source or surpose(s) of Stock water. And stock For DESCRIPTION OF THE PLACE OF USE. (See instruction not sufficient. SLE ATTACHED CHAIM NO, 092. Estimate a maximum annual quantity to be used in acre-feet per	ground water source (check only one) for the <u>FEA IRAGATION</u> . ATTACH A "LEG. NOTE: A tax parcel number or a plat number of a	AL" ber is
Section 4. WATER SOURCE		
If SURFACE WATER If G	ROUNDWATER	
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	ermit is desired for well(s).	
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Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions:	the point of diversion or withdrawal to the state of the	ompleto
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Size LOCATION Enter the north-south and east-west distances in feet from nearest section corner: 175'E + 81' 5 ORNER OF Wood of Section Township Range(E/W)	the point of diversion or withdrawal to the state of the	ompleto

ECY 040-1-14 Rev. 9/95 F

APPLICATION

Appl. No.: <u>4-32599</u>

Sec	ction 5. GENERAL WATER SYSTEM INFORMATION	
A.	Name of system, if named: $NoNE$	
В.	Briefly describe your proposed water system. (See instructions.) 1 WELL 50' DEEP 25 GPM FOR Y PROPOSE OF IRRIGATING PASTURE AND ON SITE FEED BFOR STOCK ON SITE. Not for commercial USE OR RESALE WITH NO MORE THAN 18,000 GALLONS P	
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.	YES 🗆 NO
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORM completed for all domestic/public supply uses.)	MATION
A.	Number of "connections" requested: Type of connection	
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems your County Health Department.	☐ YES ☐ NO
Con	nplete C. and D. only if the proposed water system will have fifteen or mor	re connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version.	☐ YES ☐ NO
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version.	☐ YES ☐ NO on of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION complete for all irrigation and agriculture uses.)	
A.	Total number of acres to be irrigated:	
B.	List total number of acres for other specified agricultural uses:	
	Use Acres Use Acres Acres	
C.	Total number of acres to be covered by this application: _5_	
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).	
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no: 	□ YES ⋈ NO
E.	Farm uses: Stockwater - Total # of animals Mon-milking Animal type Honses (If dairy cattle) Non-milking Mon-milking Mon-milking	le, see below)

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES € NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

N From omak on they 97, Turn won ROVERSIDE cut off RD., Turn 5. on GREENACRES RD. to 256 on E. SIDE.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

owner(s):						
-						
P. S. Harrison B. Harrison B. Harrison B. Harrison B. S. Harrison B. Harrison					, .	
Does the applicant of	own the land on v	which the wa	ter source	is located?		AYES
If no, submit a copy						

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

John w Doa		
Applicant (or authorized representative)	Date	7 7 7 7 1 6
5Am E		
Landowner for place of use (if same as applicant, write "same")	Date	

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

SECTION #3 STOCK WATER FOR 9 HEAD.

FRIGHTION FOR 5 ACRES OF PRIVATE WINTER

FEED AND 5 ACRES OF PASTURE, FOR +HE

6-months of April, may, June, July, August,

September, At NO MORE THAN 12 HA

Pen day, Stock water for 12 months

At NO MORE THAN 5,000 gallons pen day.

Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your (date).	application by

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).